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# Pandemic Influenza Preparedness Framework

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## BIENNIAL PROGRESS REPORT

1 January 2018 – 31 December 2019



24-month report for the 2018 - 2019 biennium

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# INTRODUCTION

The **Pandemic Influenza Preparedness (PIP) Framework** is an innovative public health instrument that brings together Member States, industry, other stakeholders and WHO to implement a global approach to pandemic influenza preparedness and response. The key goals include: to improve and strengthen the sharing of influenza viruses with human pandemic potential; and to increase the access of developing countries to vaccines and other pandemic response supplies.

The Framework includes a benefit-sharing mechanism called the Partnership Contribution (PC). The PC is collected as an annual cash contribution from influenza vaccine, diagnostic, and pharmaceutical manufacturers that use the WHO Global Influenza Surveillance and Response System (GISRS). Funds are allocated for: (a) pandemic preparedness capacity building; (b) response activities during the time of a pandemic; and (c) PIP Secretariat for the management and implementation of the Framework.

For pandemic preparedness capacity building, activities are implemented according to six outputs under one outcome in the *High Level Implementation Plan (HLIP) II 2018-2023*. The technical and financial investments of countries and other partners, including GISRS, play a critical role in advancing pandemic preparedness alongside PC investments. Collectively, resources are used to strengthen pandemic preparedness systems, knowledge and capacities. We thank countries and partners for their important role and contribution. The progress made and successes achieved are a result of joint collaboration on common objectives. The PIP PC funding model is described in *HLIP II, Section 6*.

This report addresses the recommendation from the 2016 PIP Review that WHO develop a progress report that presents overall success metrics and infographics to illustrate progress in PIP Framework implementation. The report is published four times a biennium. Technical and financial implementation for HLIP II and the PIP Secretariat are presented. Milestones are collected every six months and indicators are collected yearly. All data are presented cumulatively from the beginning of each biennium, in this case, 1 January 2018.

For financial implementation, progress is reported against biennial workplan allocations. Figures presented exclude WHO Programme Support Costs (PSC) unless otherwise stated. For the mid-year reports, income, expenditures and encumbrances are presented, and are based on WHO's financial tracking system (GSM). For annual and biennial reports, income and expenditures are presented, in line with the yearly WHO Interim Certified Financial Statement (ICFS).

Many staff across WHO Clusters and Departments in all Major Offices support the implementation of the PIP Framework. Without their work, dedication and collaboration, there would be no progress to report on. We extend our sincere thanks to these staff for their invaluable work.

The report is structured as a series of infographics as follows:

- **PIP Framework implementation overview** (pages 6 – 7)
- **Technical and financial implementation progress** (pages 8 – 17)
- **What's next for 2020-21** (pages 19 – 27)
- **Financial report including ICFS - Annex A** (reported annually and biennially, pages 28 – 35)

For previous reports, see [https://www.who.int/influenza/pip/partnership\\_contribution/en/](https://www.who.int/influenza/pip/partnership_contribution/en/)

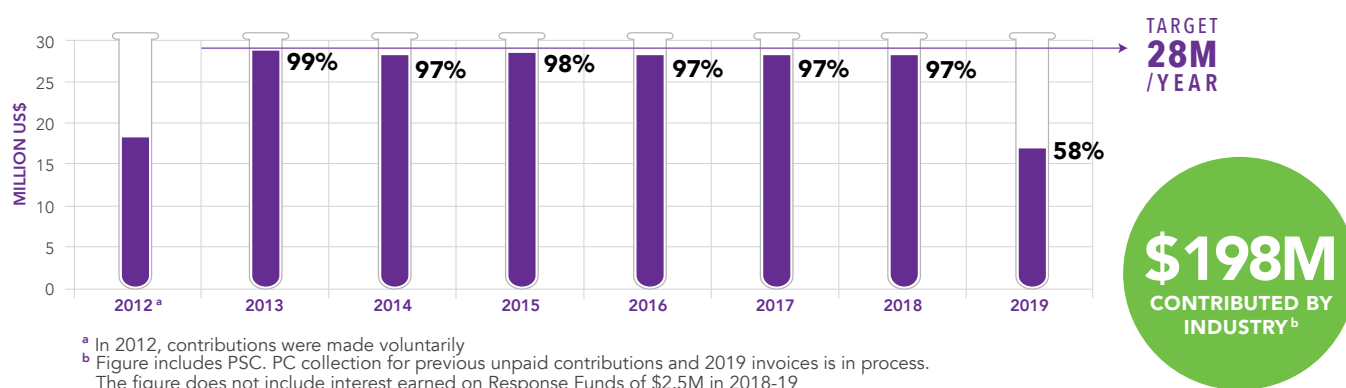
# ACRONYMS & ABBREVIATIONS

<b>AFR</b>	WHO African Region	<b>MSF</b>	Médecins Sans Frontières
<b>AMR</b>	WHO Region of the Americas	<b>NAPHS</b>	National Action Planning for Health Security
<b>BM</b>	Biological Material	<b>NIC</b>	National Influenza Centre
<b>BOD</b>	Burden of Disease	<b>NITAG</b>	National Immunization Technical Advisory Groups
<b>CC</b>	Collaborating Centre	<b>NRA</b>	National Regulatory Authority
<b>CRP</b>	Collaborative Registration Procedure	<b>NVDP</b>	National Vaccination & Deployment Plan
<b>CVV</b>	Candidate Vaccine Virus	<b>PC</b>	Partnership Contribution
<b>DEP</b>	Planning for Deployment	<b>PCITEM</b>	Partnership Contribution Independent Technical Expert Mechanism
<b>DG</b>	Director-General	<b>PIP</b>	Pandemic Influenza Preparedness
<b>EB</b>	Executive Board	<b>PIRM</b>	Pandemic Influenza Risk Management
<b>EMR</b>	WHO Eastern Mediterranean Region	<b>PISA</b>	Pandemic Influenza Severity Assessment
<b>EQAP</b>	External Quality Assessment Programme	<b>PIVI</b>	Partnership for Influenza Vaccine Introduction
<b>ERL</b>	WHO Essential Regulatory Laboratory	<b>PSC</b>	Programme Support Costs
<b>EUR</b>	WHO European Region	<b>PV</b>	Pharmacovigilance
<b>GIP</b>	WHO Global Influenza Programme	<b>RCCE</b>	Risk Communications and Community Engagement
<b>GISRS</b>	Global Influenza Surveillance and Response System	<b>REG</b>	Regulatory Capacity Building
<b>HAI</b>	Human Animal Interface	<b>RO</b>	Regional Office
<b>HLIP</b>	High-Level Implementation Plan	<b>RS</b>	Regulatory Systems
<b>ICFS</b>	Interim Certified Financial Statement	<b>SDG</b>	Sustainable Development Goals
<b>IDP</b>	Institutional Development Plan	<b>SEAR</b>	WHO South-East Asia Region
<b>IHR</b>	International Health Regulations	<b>SFP</b>	Shipping Fund Project
<b>IPPP</b>	Influenza Pandemic Preparedness Planning	<b>SMTA2</b>	Standard Material Transfer Agreement 2
<b>ISST</b>	Infectious Substances Shipping Training	<b>UHC</b>	Universal Health Coverage
<b>IVPP</b>	Influenza Virus with Pandemic Potential	<b>UNICEF</b>	United Nations Children's Fund
<b>IVTM</b>	Influenza Virus Traceability Mechanism	<b>US CDC</b>	United States Centers for Disease Control and Prevention
<b>L&amp;S</b>	Laboratory and Surveillance Capacity Building	<b>US HHS</b>	United States Department of Health and Human Services
<b>LIC</b>	Low Income Countries	<b>VCM</b>	Vaccine Composition Meeting
<b>LMIC</b>	Low and Middle Income Countries	<b>WER</b>	Weekly Epidemiological Record
<b>MA</b>	Marketing Authorization	<b>WHA</b>	World Health Assembly
<b>MIC</b>	Middle Income Countries	<b>WPR</b>	WHO Western Pacific Region
<b>MOH</b>	Ministry of Health	<b>WHO</b>	World Health Organization
<b>MS</b>	Member State		

# IMPLEMENTATION OVERVIEW

## PIP PC collection (As of 31 December 2019)

### PERCENTAGE OF TOTAL PC RECEIVED FROM CONTRIBUTORS

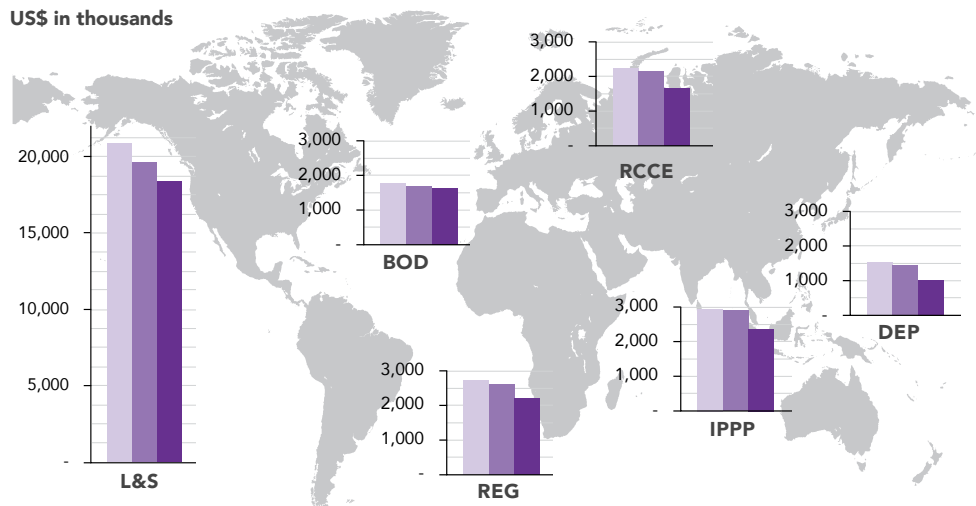


## PIP PC financial implementation (As of 31 December 2019)

### PREPAREDNESS

2018-2019 BIENNIAL BUDGET: \$32.1M FUNDED: \$30.5M IMPLEMENTED: \$27.4M

### IMPLEMENTATION BY HLIP II OUTPUT US\$ in thousands



### PIP SECRETARIAT

BIENNIAL BUDGET: \$6.8M  
 FUNDED: \$4.6M  
 IMPLEMENTED: \$4.4M

### RESPONSE

TOTAL IN RESERVE  
 (WITH PSC & \$2.5M  
 INTEREST EARNED  
 IN 2018-19): \$56M

### LEGEND

Biennial budget  
 Funded  
 Implemented

## PIP Framework outcome indicators

### OUTCOME

Improved global pandemic influenza preparedness and response through the implementation of the PIP Framework

Indicator	2017 Baseline	2018 Status	2019 Status	2019 Target
% of Member States with zoonotic influenza cases sharing IVPPs with GISRS (N=7)	N/A	75%	57%	N/A
% of PC recipient Member States reporting to FluNet (sustainability indicator, N=37)	84%	89%	97%	≥85%
% of PC recipient Member States reporting to FluID (N=37)	51%	73%	81%	60%
% of Member States with BOD estimates considered by NITAG or other decision-making bodies (N=38)	N/A	16%	11% <sup>a</sup>	30%
No. of PC recipient Member States that have implemented regulatory approach (N=48)	0	6	22	10
% of PC recipient Member States that developed or updated a pandemic influenza preparedness plan (N=40)	30%	35%	65%	60%
% of influenza vaccine & antiviral manufacturers that concluded an SMTA2 (N=32)	34%	38%	41%	50%
% of Partnership Contributions received in the year of invoice (N=\$28M)	N/A	54%	58%	100%

<sup>a</sup> There has been a rapid increase in the number of countries with influenza burden of disease estimates available (i.e. denominator). More time is required for these estimates to be considered by NITAG or other decision-making bodies (i.e. numerator).

## PIP Biological Materials<sup>a</sup> shared

PIP BMs RECORDED IN IVTM



FROM 1 SEPTEMBER 2017 TO  
31 DECEMBER 2019:

**548**

VIRUS SUBTYPES RECORDED:  
A(H1)v, A(H3)v, A(H5), A(H6), A(H7), A(H9)



TOTAL SINCE 1 DECEMBER 2012:

**1208**

PIP BMs RECORDED

<sup>a</sup> For definition of 'PIP Biological Materials', see PIP Framework Section 4.1

## SMTA2

SMTA2 WITH VACCINE MANUFACTURERS SINCE 2013

Large / multi-national  
manufacturers

**>75M**

pandemic production



Medium-sized  
manufacturers

**>5M and <75M**

pandemic production



Small  
manufacturers

**<5M**

pandemic production



**>400M**  
DOSES

SMTA2 WITH ANTIVIRAL AND DIAGNOSTIC MANUFACTURERS & ACADEMIC AND RESEARCH INSTITUTIONS



**10M**

TREATMENT COURSES OF  
ANTIVIRALS



**250,000**

DIAGNOSTIC KITS



**25M**

SYRINGES



**70**

SMTA2 WITH ACADEMIC  
& RESEARCH INSTITUTIONS



**29**

BENEFIT-SHARING OFFERS  
ACADEMIC & RESEARCH  
INSTITUTIONS

## PIP Framework governance

Since July 2019, WHO has made progress in implementing Decision WHA72(12).<sup>1</sup> This has included, for instance, developing and circulating a questionnaire on influenza virus sharing for GISRS and other relevant laboratories<sup>2</sup> and completing a desk review of access and benefit-sharing legislation and regulatory measures related to influenza virus sharing. A report on progress to implement the Decision has been prepared for consideration by the Executive Board in January 2020.<sup>3</sup>



During the 2018-2019 biennium, the PIP Secretariat continued its work to implement the recommendations of the 2016 PIP Framework Review Group. All recommendations under the Secretariat's mandate have either been completed or are currently being implemented.<sup>4</sup>

The Analysis on approaches to seasonal influenza and genetic sequence data under the PIP Framework, requested in Decision WHA70(10) and submitted to EB144 in January 2019, addressed important issues raised by the Review Group.<sup>5</sup> During the biennium, increased attention has been given to supporting the work of GISRS to ensure continued timely sharing of seasonal influenza viruses as a foundation to pandemic preparedness. The matter is expected to be discussed by WHA73 in May 2020.

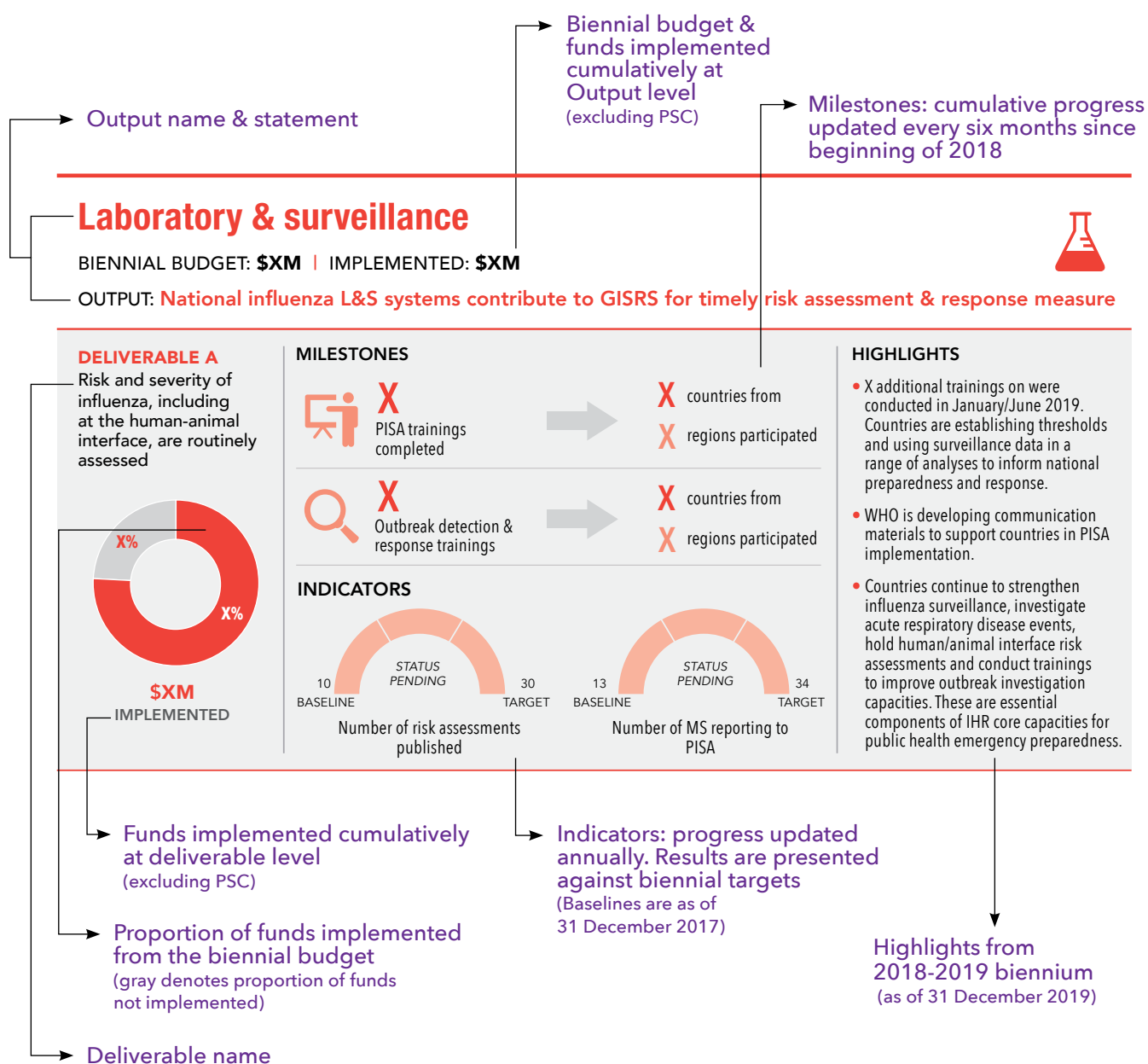
# IMPLEMENTATION PROGRESS



## NOTE TO READERS

Please read this Output Reading Guide which provides clarity on the data reported in this section.

# OUTPUT READING GUIDE



# Laboratory & surveillance

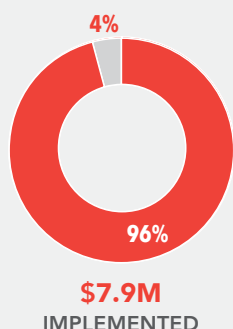
BIENNIAL BUDGET: **\$20.9M** | IMPLEMENTED: **\$18.5M**

OUTPUT: **National influenza L&S systems contribute to GISRS for timely risk assessment & response measure**



## DELIVERABLE A

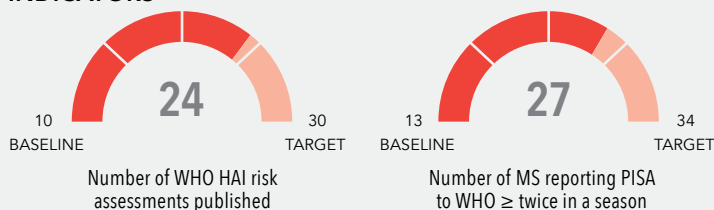
Risk and severity of influenza, including at the human-animal interface, are routinely assessed



### MILESTONES



### INDICATORS

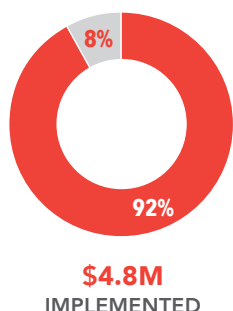


### HIGHLIGHTS

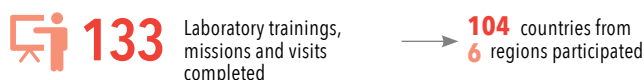
- WHO launched the PISA tool in 2017<sup>6</sup>. By December 2019, 100 countries from all 6 regions participated in trainings, and 27 countries including 7 PC recipient countries reported their severity assessments to WHO. More countries are encouraged to report PISA during yearly epidemics. Participation will streamline activities during the next pandemic, and the historical data will assist countries to determine the timing, scale, emphasis, intensity and urgency of the pandemic response actions needed.
- 14 WHO HAI risk assessments were published in 2018-19<sup>7</sup>. The first case of A(H7N4) was documented and assessed. Many countries strengthened surveillance, response and risk assessment capacities which will improve the quality of future pandemic influenza risk management.

## DELIVERABLE B

Quality influenza virus detection capacity is sustained



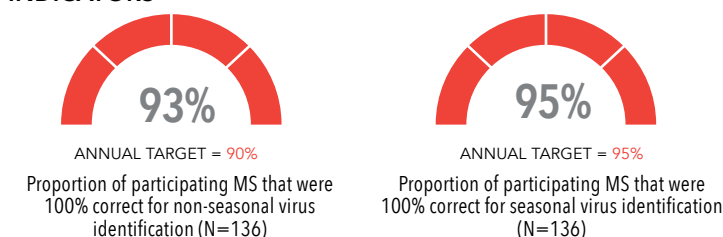
### MILESTONES



### 2019 EQAP status



### INDICATORS

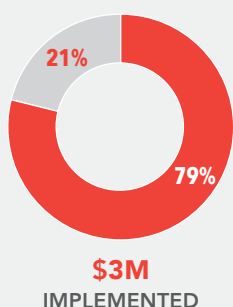


### HIGHLIGHTS

- NICs were newly recognized by WHO in 8 countries in 2018-19, of which 5 (63%) were in PC recipient countries. This brings the total number of NICs globally to 146 in 122 countries. The increase in number of GISRS institutions improves data representativeness and will facilitate a timely and effective response to an influenza pandemic as more countries will be able to rapidly detect a novel influenza virus.
- Yearly EQAP panels were sent to countries to monitor, sustain and drive improvements in virus detection capacity. Of the 136 countries participating in the 2019 EQAP, 126 (93%) correctly identified all non-seasonal viruses and 129 (95%) correctly identified all seasonal viruses. The 2019 results exceeded the indicator targets. EQAP helps WHO and GISRS institutions to focus capacity-strengthening initiatives to where they are most needed. In 2018-19, 104 countries from all 6 regions benefited from trainings and mentoring.

## DELIVERABLE C

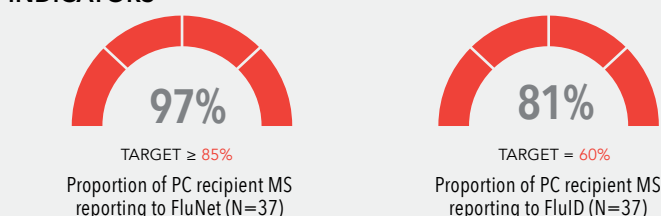
Countries are supported to consistently report influenza data to global platforms



### MILESTONES



### INDICATORS



### HIGHLIGHTS

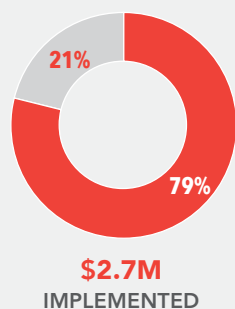
- Of 194 WHO MS, 151 (78%) reported to FluNet and 131 (68%) to FluID. Most of these (>95%) reported consistently during the influenza season (data not shown).
- Of the 37 PC recipient countries, the proportion reporting to FluNet (97%) and FluID (81%) exceeded the indicator targets. The number of countries reporting influenza data to global platforms grew in 2018-19. For FluNet, 7 countries including 3 PC recipient countries reported for the first time. For FluID, 22 countries including 10 PC recipient countries reported for the first time. Data sharing is critical to monitor influenza activity and to inform risk assessments. The participation of more countries increases the representativeness of the global systems. WHO supports all countries to improve and sustain their surveillance and global collaboration efforts.



## Laboratory & surveillance

### DELIVERABLE D

Countries are supported to share timely representative influenza samples with WHO CCs



### MILESTONES



**24**

Trainings on infectious substance shipping completed

→ **70** countries from **5** regions involved

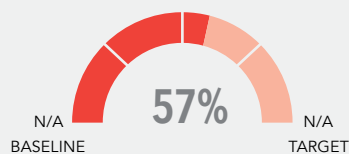


**520**

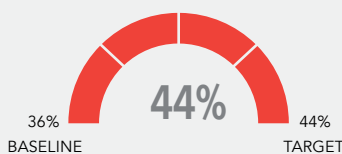
Shipments made using the SFP

→ **116** countries from **6** regions

### INDICATORS



Proportion of MS with zoonotic influenza cases sharing IVPPs with GISRS (N=7)



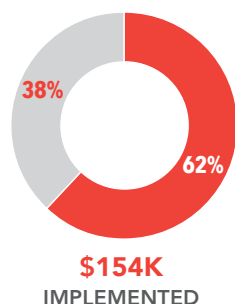
Proportion of MS with two timely shipments of virus isolates/clinical specimens with CCs (N=194)

### HIGHLIGHTS

- Of 194 WHO MS, 142 (73%) countries shared influenza viruses/clinical specimens with WHO CCs at least once and 86 (44%) according to WHO guidance (two timely shipments), thus meeting the indicator target. This was an increase of 2 countries since last year.
- Country participation in GISRS continued to increase with 116 countries making 520 shipments to WHO CCs in 2018-19. The number of shipments made annually has doubled since PC implementation commenced in 2014. Additionally, staff from 70 countries were trained and certified to ship infectious substances which is a prerequisite for sending influenza specimens internationally. Building the systems and capacities now will ensure that countries are ready to detect, report and share viruses at the time of a pandemic.
- 57% of countries (4 of 7) that reported zoonotic influenza cases to WHO, shared IVPP with GISRS timely according to WHO guidance. WHO systematically encourages and follows up with countries to strengthen IVPP sharing.

### DELIVERABLE E

Influenza CVVs, virus detection protocols and reagents, and reference materials are routinely updated



### MILESTONES



**26**

Protocols and guidance reviewed, including translations



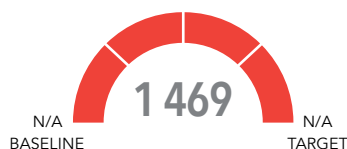
**4**

Vaccine Composition Meeting consultations completed

**6**

new CVVs proposed

### INDICATOR



Number of zoonotic viruses & other viruses of pandemic potential characterized by GISRS

### HIGHLIGHTS

- In 2018-19, GISRS characterized 1469 (864 in 2019) viruses with pandemic potential. The viruses were 23 influenza A subtypes and originated from 16 countries. Through the four VCM consultations, the analyses led to the development of 6 new CVVs to enhance pandemic preparedness. The selection and development of a zoonotic CVV is done to maintain a bank of viruses suitable for the immediate development of vaccines, including during a pandemic, and to assist those who may want to make pilot lots of vaccines, conduct clinical trials, or perform other pandemic preparedness tasks.
- WHO routinely updated and translated reference materials and protocols so that countries can have access to the latest information and guidance. In 2018-19, 26 protocols and guidance were reviewed or translated.

# Burden of Disease

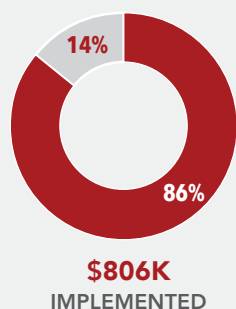
BIENNIAL BUDGET: **\$1.8M** | IMPLEMENTED: **\$1.6M**

OUTPUT: **Influenza disease burden estimates are used for public health decisions**



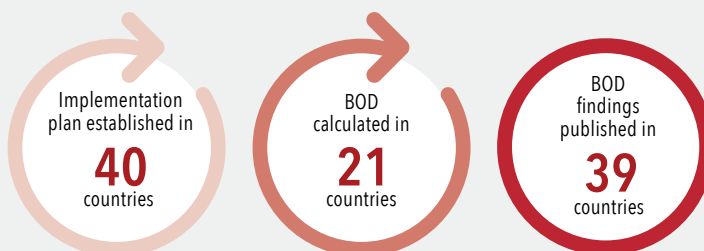
## DELIVERABLE A

Representative national, regional and global disease burden estimates are available

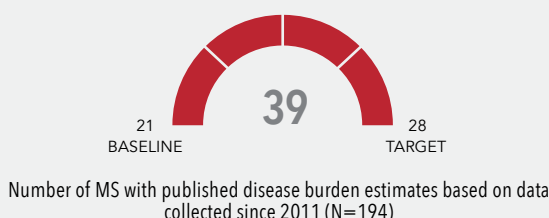


## MILESTONE

Number of countries in each burden of disease estimate development stage (N=194)



## INDICATOR

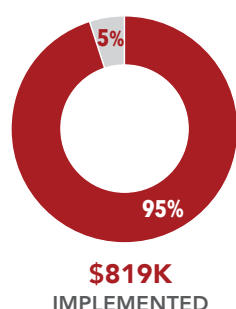


## HIGHLIGHTS

- BOD estimates are an important evidence-base for pandemic planning. Knowledge of the burden within a population supports national authorities to prioritize the allocation of resources and plan prevention and control measures such as vaccination programmes and clinical management strategies.
- In 2018-19, the number of countries with published BOD estimates nearly doubled from 21 to 39 and exceeded the biennial target. An additional 61 countries have either already calculated or established a plan to estimate national burden.
- Of the 39 countries with published estimates, five are LICs and 23 are MICs. The availability of BOD estimates from different settings contributes to a better understanding of the disease impact also at regional and global level. To date, 68 countries including 23 LMICs have shared their data for regional or global BOD analyses.

## DELIVERABLE B

Disease burden findings are communicated to national and international expert bodies in a format that promotes evidence-based decision making

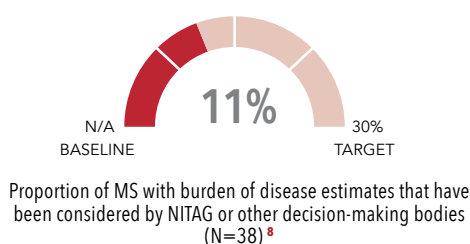


## MILESTONE



Shared/communicated BOD estimates to decision-making bodies

## INDICATOR



## HIGHLIGHTS

- Fifteen countries reported sharing their BOD estimates with national decision-making bodies in 2018-19. The attention to influenza burden and influenza disease control led to updated initiatives in four of them: one country introduced seasonal influenza vaccination policy for risk groups, two countries updated their list of influenza risk groups and one utilized the data to plan healthcare capacity during seasonal epidemics and to inform influenza pandemic preparedness planning.
- The activities to develop an influenza burden pyramid tool that allows countries with limited data to estimate the comprehensive influenza burden in support to the policy decision process have started in late 2019.
- Further advocacy is required to enable countries to utilize BOD estimates to inform policy decisions. In 2019, one country conducted a case study and 3 other countries have considered documenting their national experience of moving from influenza estimates to prevention policy.

# Regulatory capacity building

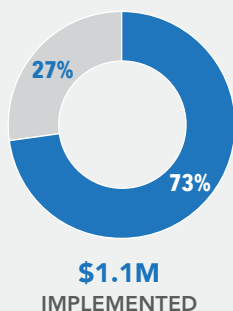


BIENNIAL BUDGET: **\$2.7M** | IMPLEMENTED: **\$2.2M**

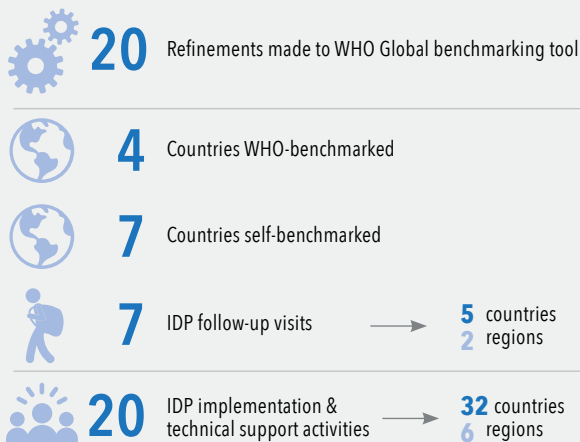
OUTPUT: **Timely access to quality-assured influenza pandemic products is supported**

## DELIVERABLE A

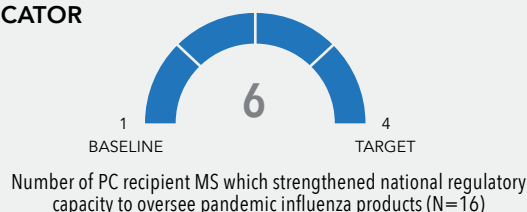
National regulatory capacity for pandemic influenza products is strengthened



### MILESTONES



### INDICATOR

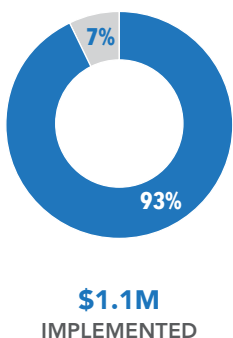


### HIGHLIGHTS

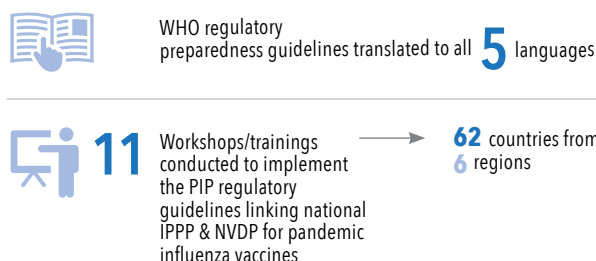
- PIP supports 16 countries to strengthen the 3 regulatory capacities critical for pandemic preparedness: regulatory system, marketing authorization and pharmacovigilance.
- In 2018-19, 5 countries increased their regulatory capacities based on WHO benchmarking assessments. This exceeded the PIP biennial target and is a major achievement as it translates to more countries having clearer national requirements and capacities for regulatory oversight of products.
- The technical gains made at country level contribute to achieve SDG 3.8 on universal health coverage (UHC), including access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.

## DELIVERABLE B

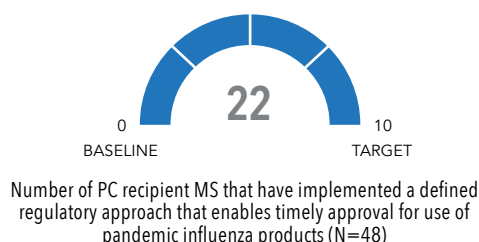
Adoption of regulatory pathways that accelerate approval for use of pandemic influenza products is promoted



### MILESTONES



### INDICATOR



### HIGHLIGHTS

- NRAs need to have clear regulatory pathways for product approval at the time of an emergency and to link these plans to other aspects of pandemic influenza preparedness. In 2014-17, PC investments focused on updating the regulatory guidance for non-vaccine producing countries and having a landscape of the suitable pathways in the 48 priority countries supported by PIP.
- In 2018-19, WHO supported countries to implement their defined regulatory pathways based on WHO guidelines. Exceeding the biennial target of 10 countries, 22 countries developed country roadmaps and in-country follow-up plans for the implementation of pathways required for timely product approval. As part of those activities, WHO promoted adequate and effective coordination and communication mechanisms among relevant stakeholders to address health emergencies.
- 62 countries from all 6 regions attended workshops on accelerated regulatory pathways. This awareness-raising strengthens regulatory harmonization on marketing authorization approaches and processes.
- By 31 December 2019, 42 countries signed the CRP agreement including 22 PIP-supported countries of which 1 was signed in 2018-19. During the same period, 2 other PIP targeted countries showed interest in the CRP program and their engagement can be expected in the near future. Common approaches will simplify and streamline actions at the time of the next pandemic.

# Risk Communications & Community Engagement

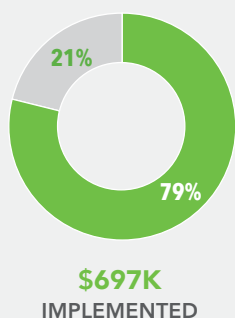


BIENNIAL BUDGET: **\$2.3M** | IMPLEMENTED: **\$1.6M**

OUTPUT: **Tools and guidance are available for countries to enhance influenza risk communication and community engagement**

## DELIVERABLE A

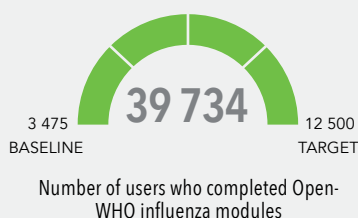
Countries and front-line responders have access to resources for influenza risk communication, community engagement and social science-based interventions



## MILESTONES



## INDICATOR

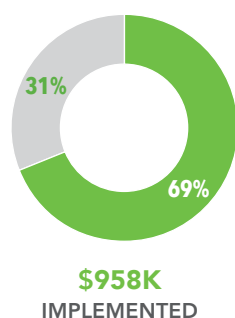


## HIGHLIGHTS

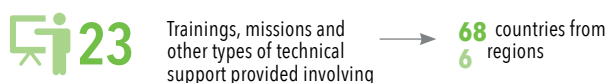
- **OpenWHO** continues to grow as a forum for knowledge exchange. In 2018-19, over 35,000 users completed pandemic influenza-related modules. This was triple the biennial target.
- In 2018-19, 14 influenza related modules were developed and launched on the platform and some courses became prerequisites for participation in WHO-supported training workshops. As an RCCE tool initially developed through PIP, OpenWHO has become an enterprise system that is used by WHO for various public health initiatives. The momentum and gains achieved will translate to more efficient and reliable transfer of information and knowledge during the next influenza pandemic.
- To meet demands for RCCE tools and guidance, especially to strengthen country core capacities, WHO is building a RCCE portal to track country readiness to handle public health emergencies. The portal will provide a snapshot of recent assessment data for each MS as well as IPPPs, results from simulation exercises, data from recent social science research activities and the functioning of multisectoral risk communication working groups in country.

## DELIVERABLE B

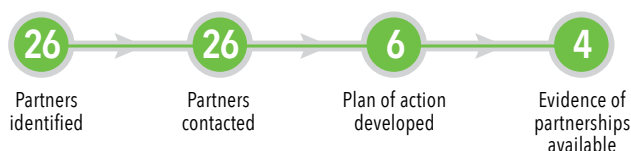
Technical assistance is provided to countries to plan and exercise influenza risk communication and community engagement



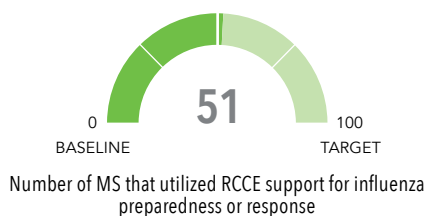
## MILESTONES



## Implementation of global partnerships & networks for effective RCCE capacity



## INDICATOR



## HIGHLIGHTS

- In 2018-19, 51 countries from 4 WHO regions utilized RCCE support to take actions such as mapping stakeholders or developing SOPs for influenza preparedness.
- 68 countries participated in trainings and other types of technical support to strengthen national RCCE capacities. Trainings involved government stakeholders as well as emergency preparedness and response partners such as UNICEF, the Red Cross and MSF. Engaging more partners alongside government will facilitate alignment and coherent application of RCCE strategies during the next influenza pandemic.
- The IHR (2005) call for countries to strengthen core capacities including RCCE. The target is for countries to 'use multilevel, multisectoral and multifaceted risk communication capacity for emergencies.' The Fundamentals of RCCE (FoRCCE) was developed as a training package to address this IHR target. It was rolled out in 9 countries in 2018-19. FoRCCE focuses on the 5 IHR risk communications areas (1) risk communications systems, (2) stakeholder coordination, (3) public communication mechanisms, (4) community engagement, and (5) misinformation management. Moving forward, WHO will support countries using FoRCCE focusing on countries with low IHR core capacity scores or those that need to develop RCCE plans as part of their IPPPs. Over time, IHR monitoring will be used to monitor the impact of FoRCCE implementation on national core capacities.



# Planning for Deployment

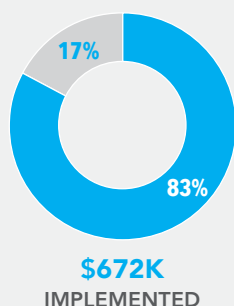


BIENNIAL BUDGET: **\$1.5M** | IMPLEMENTED: **\$1M**

OUTPUT: **Plans for effective & efficient deployment of pandemic supplies are optimized**

## DELIVERABLE A

A common approach to manage global deployment operations is developed and regularly tested with stakeholders and deployment partners



## MILESTONES

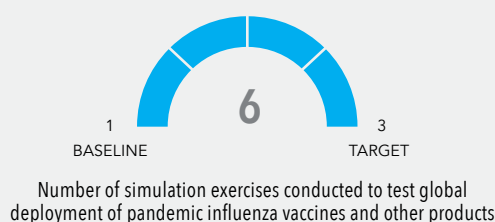


**4** PIP Deploy tool refinements to facilitate planning, allocation and coordination



**16** Advocacy meetings for a common approach completed → **71** countries  
**6** regions

## INDICATOR

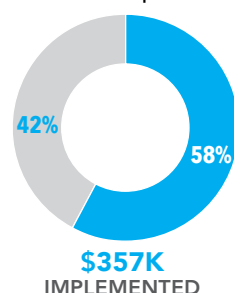


## HIGHLIGHTS

- A common approach to managing global deployment operations is needed to effectively manage supply chains. WHO and stakeholders, including manufacturers and commercial transporters, developed an action plan to address key bottlenecks in the system. This will prepare for coordinated actions so countries can receive pandemic products efficiently.
- By December 2019, 6 simulation exercises were conducted to test the deployment cascade from different perspectives of stakeholders including recipient countries. This exceeded the biennial target. Exercises help country stakeholders including Immunization, Pandemic Planning, NRA, Logistics & Risk Communications teams to consider their operational planning needs. The 24 countries involved in the simulations were encouraged to develop or update their NVDPs based on lessons learnt.
- 71 countries participated in advocacy events to raise awareness about the importance of planning for pandemic product deployment. WHO continues to work with various agencies and PIVI to help countries optimize their operational plans.

## DELIVERABLE B

National deployment planning process is revised and updated



## MILESTONES



**7** Global guidance tools revised



**13** Trainings, missions, visits & other types of technical support provided to update NVDP → **45** countries  
**5** regions

## HIGHLIGHTS

- To support countries in developing or updating NVDPs, a training package, an online OpenWHO course and a series of infographics were developed in 2018-19. Over 2400 individuals registered for the online course alone and 45 countries participated in trainings or received technical support on their NVDPs.
- In September 2019, WHO established a cadre of 15 trainers to scale up the number of mentors who can assist countries with their NVDPs. The trainers come from five regions of WHO and from various institutions including MOH, universities and WHO regional offices. Having a highly-skilled cadre will enable countries to rapidly adopt WHO guidance and develop operationally-sound NVDPs.

## DELIVERABLE C

Technical assistance to develop policies for sustainable influenza vaccine procurement and production is provided to countries

*Deliverable C activities are currently supported by US DHHS through Cooperative Agreement GH14-1420 between US CDC and WHO. PIP funds were not used to date.*

*Milestone/indicator reporting continues as this Deliverable is within HLIP II scope and PC funds may be used in future.*

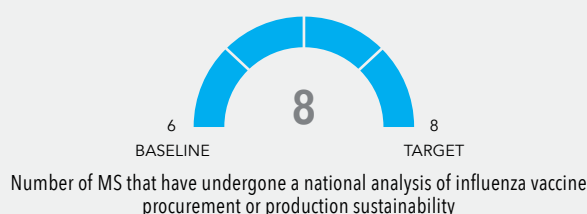
## MILESTONES

Number of countries in each phase of the sustainability assessment process



**2** Trainings, missions, visits & other types of technical support provided → **42** countries  
**5** regions

## INDICATOR



## HIGHLIGHTS

- In 2018-2019, two additional countries completed sustainability assessments, thus bringing the total completed assessments to 8, which was the biennial target. Countries identified opportunities and challenges to sustaining local production of influenza vaccines as a component of pandemic preparedness. These included needing multi-year strategies for enhancing local production with advanced technologies and increasing seasonal vaccination rates, highlighting the role of the local manufacturer within national influenza pandemic preparedness plans, and securing public financing for influenza vaccination.
- During 2019, WHO supported three countries to pilot and implement a manual for the introduction of influenza vaccine among health workers. These activities have supported countries to initiate or expand their influenza vaccination programmes. In addition, WHO provided technical support to one country for assessing health workers' acceptance and demand of seasonal influenza vaccine.
- WHO is finalizing a survey on the global production capacity of influenza vaccines and will publish the data in 2020. This survey will update the 2015 data for both seasonal influenza vaccine production capacity and potential pandemic influenza vaccine production capacity.

# Influenza Pandemic Preparedness Planning

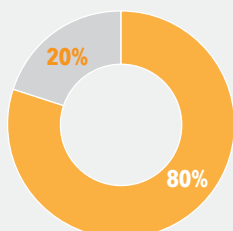


BIENNIAL BUDGET: **\$2.9M** | IMPLEMENTED: **\$2.4M**

OUTPUT: **National pandemic influenza preparedness & response plans are updated in the context of all-hazards preparedness and global health security**

## DELIVERABLE A

Countries are supported to develop, test and update their pandemic influenza preparedness plan



**\$2.4M**  
IMPLEMENTED

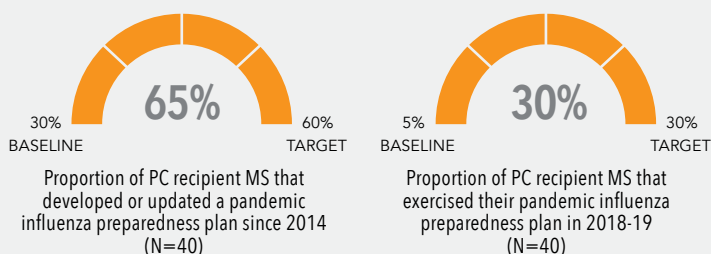
## MILESTONES

Number of PC recipient MS developing/revising their IPPP in 2018-19



**15** IPPP exercises completed in → **12** countries  
**3** regions

## INDICATORS



## HIGHLIGHTS

- IPPPs are essential for effective response and bring together the activities implemented through other HPIP II outputs. Of the 40 IPPP PC recipient countries, 26 (65%) now have a plan based on WHO's Pandemic Influenza Risk Management guidance that was published in 2013. This includes 10 countries that were eligible but did not receive pandemic influenza vaccine during the 2009 pandemic. The progress achieved in 2018-19 exceeded the biennial target and means that more countries are getting operationally ready for pandemic influenza.
- Of the 40 IPPP PC recipient countries, 12 (30%) countries from 3 regions exercised their plans in 2018-19, which was the biennial target. Exercises are a critical part of the learning and advocacy process to ensure that the systems and response actions established will be relevant and suitable during a pandemic. Exercises conducted tested various components including the coordination function in Emergency Operation Centers, sub-national plans and incident managers response capacities. This is aligned with WHO guidance for countries to integrate their IPPP into national and local disaster management planning, processes and structures to facilitate a whole-of-government and whole-of-society approach during response operations.
- In 2018-19, WHO published 4 operational guidance documents to support countries including a guideline on non-pharmaceutical measures for mitigating the risk and impact of influenza.<sup>9</sup> In addition, 2 packages of exercise scenarios for testing IPPP were made available to WHO regional and country offices.
- 104 countries, including 20 IPPP PC recipient countries, participated in a WHO IPPP survey to better understand the current level of pandemic preparedness among MS and to identify the capacity areas in which WHO and its partners should focus their technical assistance in the coming years. A report was published in June 2019.<sup>10</sup>



# PIP Framework Secretariat

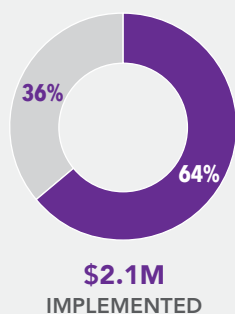
BIENNIAL BUDGET: **\$6.8M** | IMPLEMENTED: **\$4.4M**

OUTPUT: The PIP Secretariat leads, manages and supports implementation of the PIP Framework



## DELIVERABLE A

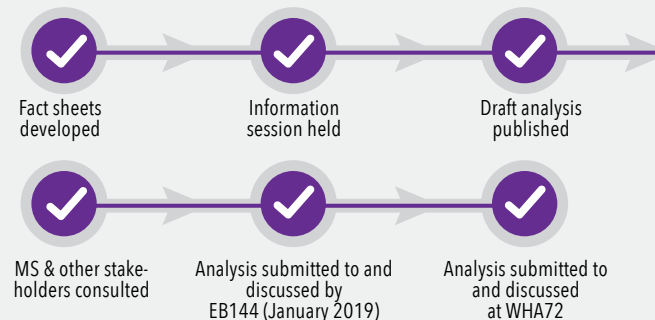
Promote the effective implementation of the PIP Framework in a changing environment



## MILESTONES

**20** Meetings held and reports submitted to WHO DG or governing bodies to support implementation of section 7 of the PIP Framework

### Status of the Analysis requested by WHA 70(10)



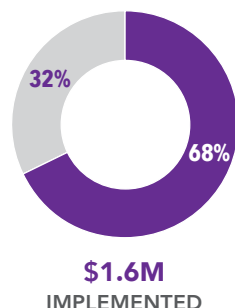
**62** Advocacy materials/events completed to promote the PIP Framework to stakeholders

## HIGHLIGHTS

- To implement Decision WHA72(12), a Questionnaire on influenza virus sharing was distributed to GISRS and other relevant laboratories. In addition, a desk review was completed of access and benefit-sharing legislation and regulatory measures related to influenza virus sharing. The results of both will be reported to WHA73.
- A publicly-accessible Webinar on Implementation of Decision WHA72(12) was held on 7 October 2019, followed by an Information Session on the same topic for Member States on 1 November 2019.
- The PIP Advisory Group met four times in 2018-19, with the latest meeting held from 8-11 October 2019. Its meeting report which included several recommendations, was accepted by the Director-General and published online.<sup>11</sup>

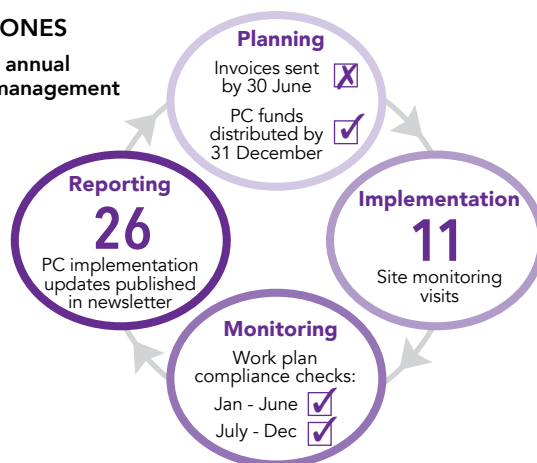
## DELIVERABLE B

Collect, implement, monitor and report on the Partnership Contribution

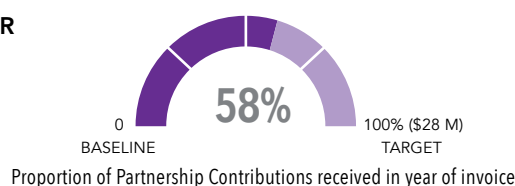


## MILESTONES

Status in annual project management cycle



## INDICATOR

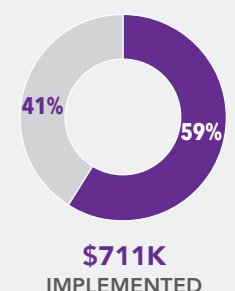


## HIGHLIGHTS

- PC invoices were issued to 39 manufacturers in July 2019 and \$16.3M (58%) were received by 31 December 2019.
- Monitoring visits were conducted in 6 WHO regions. Discussions supported PC recipient countries to advocate for PIP Framework implementation, to encourage progress against HPII II indicators and to strengthen sustainability.
- 26 'Highlights from the field' were published in the Influenza Newsletter in 2019 bringing the total to 46 for the biennium. The stories shed light on progress achieved and impact at the country, regional and global level.
- 2020-21 biennium workplans were approved in November 2019, after a 10-month development process including external review by the Partnership Contribution Independent Technical Expert Mechanism (PCITEM). The workplans, targeting 80 PC-recipient countries, will build on 2018-19 achievements and will continue to leverage other national and international investments in pandemic influenza preparedness.

## DELIVERABLE C

Negotiate and plan to operationalize the Standard Material Transfer Agreements 2 (SMTA2)

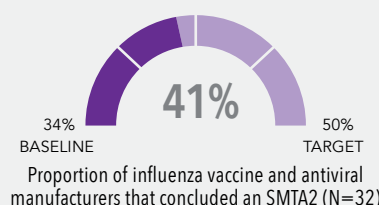


## MILESTONES

Number of SMTA2s in negotiation



## INDICATOR



## HIGHLIGHTS

- Between 2018 and 2019, 8 SMTA2s were concluded: 3 with manufacturers of influenza products and 5 with academic and research institutions.
- The PIP Framework definition of a 'recipient' of PIP Biological Materials (PIP BM) was amended in 2019 in order to address indirect use of PIP BM by third parties, thus broadening the application of the Framework.
- WHO continued to conclude SMTA2 to secure 10% of future pandemic vaccine production. By 31 December 2019, this represented approximately 420 million doses of pandemic vaccine. WHO also launched a successful training programme in collaboration with the University of Siena using Category C contributions.



# **WHAT'S NEXT FOR 2020-2021**



**41** countries including **7** NEW countries



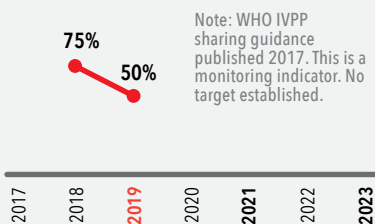
**\$19.9M**  
biennial budget

## PLANNED FOR 2020-2021

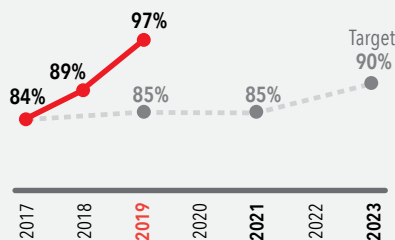
- Strengthen national laboratory-based influenza surveillance functions including data utilization and information sharing through training, mentoring and coordination.
- Support outbreak response management including at the human-animal interface through intersectoral training and coordination.
- Stabilize and monitor the performance of newly established NICs, conduct global EQAP and strengthen national laboratory diagnostic capacities through refresher trainings, mentoring, ISST, and regional and global GISRS coordination.
- Improve zoonotic virus sharing by facilitating influenza specimen shipments to WHO CCs and by monitoring application of the 2017 IVPP guidance. WHO will also release IVTM version 2.0, continue to facilitate GISRS laboratory norms/standard updates and coordinate the selection and development of CVVs.

## INDICATORS

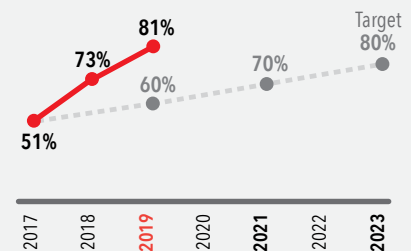
### 1. Proportion of MS with zoonotic influenza cases sharing IVPPs with GISRS



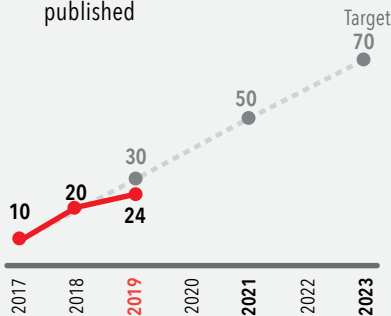
### 2. Proportion of PC recipient MS reporting to FluNet



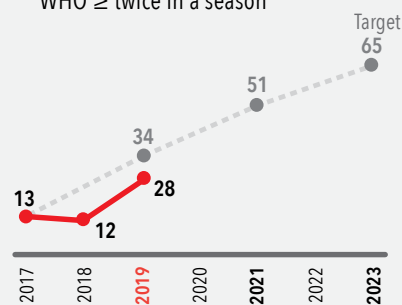
### 3. Proportion of PC recipient MS reporting to FluID



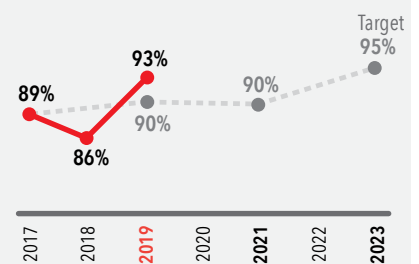
### 1.1 Number of WHO HAI risk assessments published



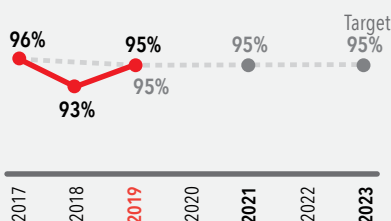
### 1.2 Number of MS reporting PISA to WHO ≥ twice in a season



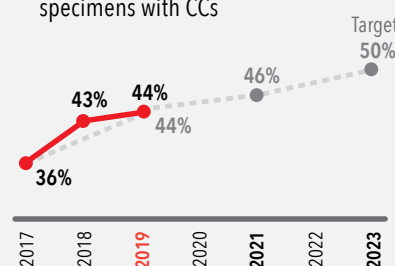
### 1.3 Proportion of participating MS that were 100% correct for non-seasonal virus identification



### 1.4 Proportion of participating MS that were 100% correct for seasonal virus identification



### 1.5 Proportion of MS with two timely shipments of virus isolates/clinical specimens with CCs



### 1.6 Number of zoonotic viruses & other viruses of pandemic potential characterized by GISRS



# Burden of Disease



All countries eligible  
in line with HLIP II  
criteria



**\$1.9M**  
biennial budget

## PLANNED FOR 2020-2021

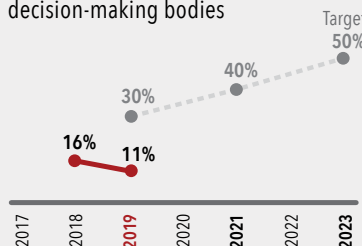
- Support field work for national influenza BOD studies including health utilization surveys, hospital admission surveys and household economic burden surveys.
- Develop a pyramid tool to enable countries with limited data to estimate the comprehensive influenza burden including incidence rates by risk groups, economic cost and geographic coverage.
- Generate an estimate of global influenza disease hospitalization burden.
- Facilitate country-level case studies on national utilization of BOD estimates to inform intervention policies including seasonal influenza vaccine introduction, updating risk groups for severe influenza and pandemic response measures.
- Mentor countries and provide tools to communicate BOD data availability for evidence-based decision-making.

## INDICATORS

1. Number of MS with published disease burden estimates based on data collected since 2011



2. Proportion of MS with burden of disease estimates that have been considered by decision-making bodies



# Regulatory capacity building



**48** countries



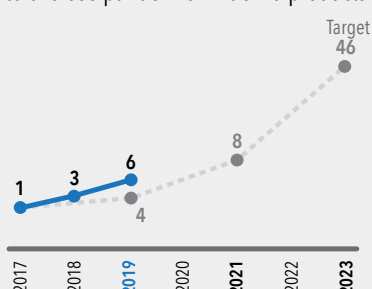
**\$2.9M**  
biennial budget

## PLANNED FOR 2020-2021

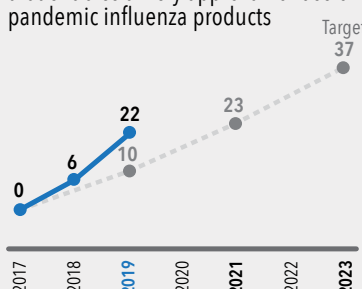
- Mentor and support countries to implement IDPs and strengthen RS, MA and PV functions including through placements at competent NRAs, peer-learning, networking, and benchmarking.
- Conduct workshops to facilitate country implementation of WHO guidelines on regulatory preparedness for provision of marketing authorization of human pandemic influenza vaccines in non-vaccine producing countries. This includes enhancing the coordination between NRAs and other pandemic planning stakeholders.
- Support regulators to participate in CRP trainings on joint dossier reviews to promote implementation of harmonized regulatory procedures for future accelerated registration of pandemic influenza products.

## INDICATORS

1. Number of PC recipient MS which strengthened national regulatory capacity to oversee pandemic influenza products



2. Number of PC recipient MS that have implemented a defined regulatory approach that enables timely approval for use of pandemic influenza products



# Risk communications & community engagement



All countries eligible  
in line with HLIP II  
criteria

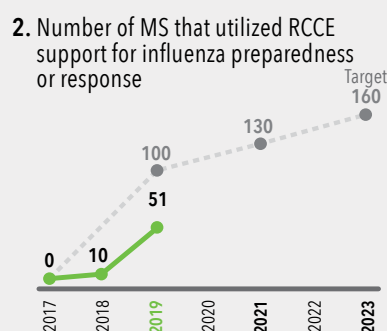
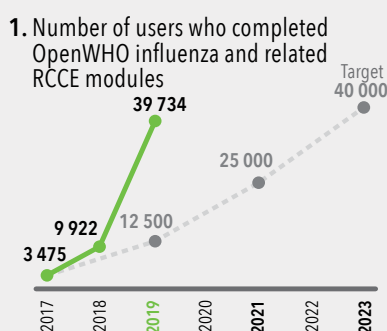


**\$2.3M**  
biennial budget

## PLANNED FOR 2020-2021

- Develop and disseminate guidance tools for emergency preparedness and response. This includes developing a RCCE monitoring and evaluation tool, and increasing the evidence base by assisting countries to conduct and document After Action Reviews to capture and incorporate lessons learnt in emergency RCCE plans.
- Mentor countries to strengthen RCCE emergency capacities in five domains: (1) systems and plans, (2) internal and partner coordination, (3) public communications, (4) community engagement including through local leaders and civil society, and (5) misinformation management.
- Build a RCCE cadre encompassing national authorities and university counterparts to embed key capacities including social science interventions in national public health emergency response.
- Elaborate and exercise WHO's pandemic influenza communication strategy and plan.

## INDICATORS



# Planning for deployment



All countries eligible  
in line with HLIP II  
criteria

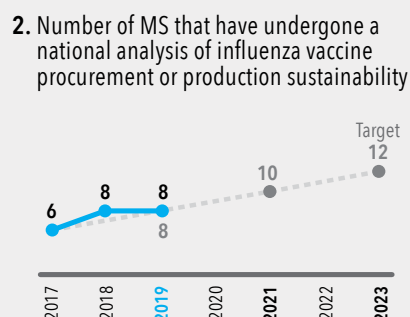
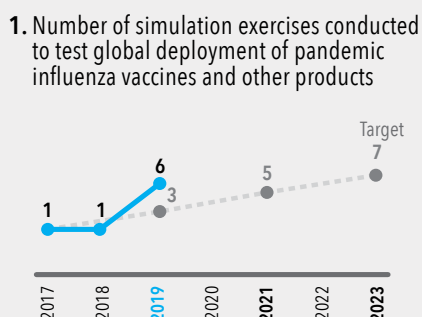


**\$1.9M**  
biennial budget

## PLANNED FOR 2020-2021

- Develop supportive tools for the allocation and management of pandemic influenza products including communication tools that explain the approach and operational aspects for different stakeholder groups.
- Engage deployment operations stakeholders and conduct simulation exercises to practice and test different components of the process.
- Support countries to develop and exercise NVDPs. This will be done by organizing regional or multi-country workshops to trigger NVDP development, linking with IPPP activities to develop holistic plans and to test relevant components, and establishing and maintaining a cadre of deployment experts to support countries upon request.
- Conduct multi-country workshops and country-level sustainability assessments to discuss routine influenza vaccine procurement as a pathway for strengthening pandemic preparedness.

## INDICATORS



# Influenza pandemic preparedness planning



**63** countries including **24** NEW countries



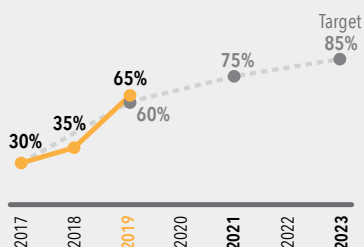
**\$2.4M**  
biennial budget

## PLANNED FOR 2020-2021

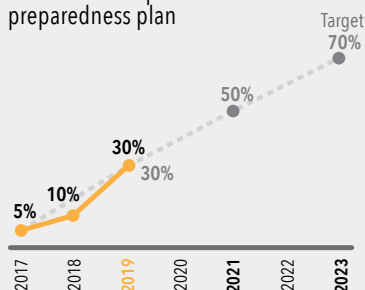
- Provide technical assistance to countries to develop or update IPPP based on WHO guidance. This includes elaborating NVDP, RCCE and other components of their plans. Experts will be identified and deployed to support countries.
- Facilitate countries to test their IPPPs, implement lessons learnt and train staff in pandemic risk management protocols.
- Facilitate linkages between IPPP and other disease preparedness initiatives including all-hazard preparedness, IHR core capacities and NAPHS. Periodically, review lessons learnt from country planning processes to update global guidance as needed.
- Finalize the GISRS pandemic response plan for NICs, WHO CCs and ERLs.

## INDICATORS

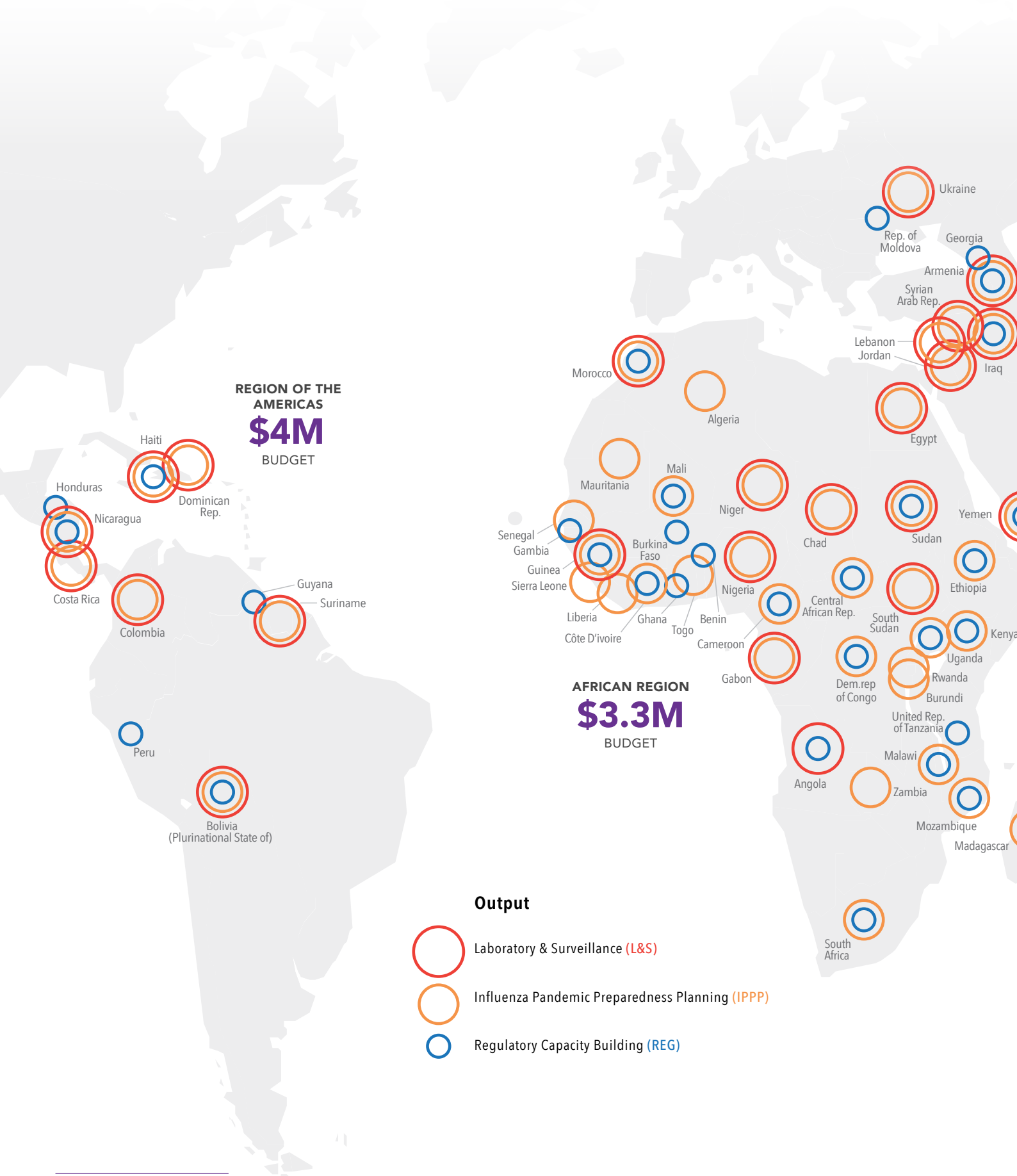
1. Proportion of PC recipient MS that developed or updated a pandemic influenza preparedness plan since 2014



2. Proportion of PC recipient MS that exercised their pandemic influenza preparedness plan



# PC recipient countries by Output in 2020-2021<sup>1</sup>



<sup>1</sup> For Burden of Disease and Risk Communication & Community Engagement, in addition to global activities benefiting all countries, countries can apply for PC funding support.





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# PIP Framework: Context for sustainability

## PIP Framework

improves  
pandemic preparedness  
& response



### GLOBAL INFLUENZA STRATEGY 2019 - 2030

- PIP implementation contributes to the preparedness goal: mitigating the impact of pandemic influenza.
- **HOW?** By making progress on three of the six high-level measures:
  - Countries with capacities to detect and share influenza viruses, and report data to global platforms
  - National, regional and global measures of burden and routine systems to measure severity
  - Countries developing, updating, implementing and exercising pandemic plans
- **EXAMPLE OF PIP SUPPORT:**  
Countries are supported to estimate disease burden and to use the information for evidence-based decision making.

## IHR (2005)

### INTERNATIONAL HEALTH REGULATIONS (2005)

- PIP implementation contributes to one strategic pillar: building and maintaining State Parties' core capacities as required under the IHR (2005).
- **HOW?** By being aligned with and guided by the requirements of four core capacities:
  - Laboratory
  - Surveillance
  - National health emergency framework
  - Risk communications
- **EXAMPLE OF PIP SUPPORT:**  
Country IHR core capacity scores are used to deliver tailored national risk communication system-strengthening activities.



## HEALTH SYSTEMS STRENGTHENING / UNIVERSAL HEALTH COVERAGE

PIP implementation contributes to two health system components:

- Access to medicines, vaccines and health products
- Service access and quality

**HOW?** By improving the distribution system to ensure access to health products at the time of an emergency, and by strengthening evidence-based influenza control programmes.

### EXAMPLE OF PIP SUPPORT:

Countries are supported to implement a defined regulatory approach and deployment strategy that enables timely approval and use of pandemic influenza products.



## WHO GENERAL PROGRAMME OF WORK 2019 - 2023

PIP implementation contributes to 1 Billion more people better protected from health emergencies.

**HOW?** By working directly in >70 low-and-middle income countries each biennium to strengthen pandemic influenza preparedness.

### EXAMPLE OF PIP SUPPORT:

Countries are encouraged to conduct influenza surveillance, to participate in GISRS, and to share information globally to enable more representative and timely risk management.



## SUSTAINABLE DEVELOPMENT GOALS

PIP implementation contributes to Goal 3 Target D: early warning, risk reduction and management of national and global health risks.

**HOW?** By helping countries, through WHO's facilitation role, to bring different emergency risk management components together for pandemic influenza.

### EXAMPLE OF PIP SUPPORT:

Countries are supported to develop holistic pandemic influenza plans that link with other national strategies for emergency preparedness and response.

## Endnotes

- <sup>1</sup> Agenda item 12.1 WHA72(12). *Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits*. Geneva: World Health Organization; 2019 (WHA72(12)/2019; ([http://apps.who.int/gb/ebwha/pdf\\_files/WHA72/A72\(12\)-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA72/A72(12)-en.pdf), accessed 14 February 2020).
- <sup>2</sup> See more on the questionnaire on influenza virus sharing for GISRS and other relevant laboratories <https://www.who.int/influenza/pip/governance/wha72-12/en/>
- <sup>3</sup> Report on progress to implement the Decision WHA72(12) for consideration by the Executive Board in January 2020 [https://apps.who.int/gb/ebwha/pdf\\_files/EB146/B146\\_18-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/EB146/B146_18-en.pdf)
- <sup>4</sup> 2016 PIP Framework Review Group Recommendations - Implementation Tracking Tool ([https://www.who.int/influenza/pip/2016RGRecTracking\\_Oct2018.pdf](https://www.who.int/influenza/pip/2016RGRecTracking_Oct2018.pdf), accessed 14 February 2020).
- <sup>5</sup> Revised Analysis: *Approaches to seasonal influenza and genetic sequence data under the PIP Framework*. Geneva: World Health Organization; 2018 ([https://www.who.int/influenza/pip/WHA70108b\\_Analysis.pdf?ua=1](https://www.who.int/influenza/pip/WHA70108b_Analysis.pdf?ua=1), accessed 14 February 2020).
- <sup>6</sup> Following the 2009 influenza pandemic (H1N1), in 2011, the World Health Assembly recommended that WHO develop and apply measures that can be used to assess the severity of every influenza epidemic, whether seasonal or pandemic. See: *Strengthening Response to Pandemics and Other Public-Health Emergencies: Report of the Review Committee on the Functioning of the International Health Regulations (2005) and on Pandemic Influenza (H1N1) 2009 (2011)*. ISBN: 978 92 4 156433 5 [https://apps.who.int/iris/bitstream/handle/10665/75235/9789241564335\\_eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/75235/9789241564335_eng.pdf?sequence=1)
- <sup>7</sup> The risk of influenza at the human-animal interface is routinely assessed and findings are published as needed. An indicator target of 10 published risk assessments per calendar year was established based on the average of previous years. However, the frequency depends on the detection and reporting of new human cases, or changes in the public health risk from circulating viruses.
- <sup>8</sup> There has been a rapid increase in the number of countries with influenza burden of disease estimates available (i.e. denominator). More time is required for these estimates to be considered by NITAG or other decision-making bodies (i.e. numerator).
- <sup>9</sup> Guidelines published in 2018-19 to support countries' pandemic influenza preparedness:
- A checklist for pandemic influenza risk and impact management: building capacity for pandemic response. Geneva: World Health Organization; 2018 ([https://www.who.int/influenza/preparedness/pandemic/influenza\\_risk\\_management\\_checklist\\_2018/en/](https://www.who.int/influenza/preparedness/pandemic/influenza_risk_management_checklist_2018/en/), accessed 14 February 2020).
  - Essential steps for developing or updating a national pandemic influenza preparedness plan. Geneva: World Health Organization; 2018 ([https://www.who.int/influenza/preparedness/pandemic/essential\\_steps\\_influenza/en/](https://www.who.int/influenza/preparedness/pandemic/essential_steps_influenza/en/), accessed 14 February 2020).
  - A practical guide for developing and conducting simulation exercises to test and validate pandemic influenza preparedness plan. Geneva: World Health Organization; 2018 ([https://www.who.int/influenza/preparedness/pandemic/simex\\_influenza\\_preparedness\\_plans/en/](https://www.who.int/influenza/preparedness/pandemic/simex_influenza_preparedness_plans/en/), accessed 14 February 2020).
  - Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza. Geneva: World Health Organization; 2019 ([https://www.who.int/influenza/publications/public\\_health\\_measures/publication/en/](https://www.who.int/influenza/publications/public_health_measures/publication/en/), accessed 14 February 2020).
- <sup>10</sup> Pandemic influenza preparedness in WHO Member States: Report of a Member States survey. Geneva: World Health Organization; 2019 ([https://www.who.int/influenza/preparedness/pandemic/member\\_state\\_survey/en/](https://www.who.int/influenza/preparedness/pandemic/member_state_survey/en/), accessed 14 February 2020).
- <sup>11</sup> Meeting of the Pandemic Influenza Preparedness Framework Advisory Group – 8-11 October 2019 ([https://www.who.int/influenza/pip/PIPAGMR\\_Oct2019.pdf](https://www.who.int/influenza/pip/PIPAGMR_Oct2019.pdf), accessed 14 February 2020).

# **ANNEX A: FINANCIAL REPORT**

**Table A.1:**  
**Partnership Contribution received from each manufacturer**  
**Status as of 31 December 2019**

CONTRIBUTORS	TOTAL CONTRIBUTIONS (US\$)
Sanofi Pasteur	47 666 260
Glaxosmithkline (GSK)	47 141 562
Hoffmann - La Roche and Co. Ltd.	46 192 513
Novartis	15 292 743
Seqirus	10 650 810
Medimmune	7 824 011
Kaketsuken (K M Biologics)	4 188 174
The Research Foundation for Microbial Disease of Osaka University (BIKEN)	4 173 501
Denka Seiken Co. Ltd.	2 981 503
BIO CSL Limited	2 667 745
Kitasato Daiichi Sankyo Vaccine Co. Ltd.( Daiichi Sankyo Vaccine CO.Ltd.)	2 329 245
G C Pharma (Ex-Green Cross Corporation)	2 213 783
Shanghai Institute of Biological Products Co., Ltd.	625 825
Instituto Butantan	577 082
Sinovac Biotech Ltd.	556 575
Hualan Biological Bacterin Co., Ltd.	526 147
Fluart Innovative Vaccines LTD	376 629
Becton Dickinson and Company (BD)	341 432
S K Bioscience	238 094
Beijing Tiantan Biological Products Co. Ltd.	235 234
Baxter International Inc.	209 205
Changchun Institute of Biological Products Co., Ltd. CNBG	208 231
Omninvest Vaccine Manufacturing, Researching & Trading Ltd.	149 443
Adimmune Corporation	134 793
Alere Inc.	117 159
Saint-Petersburg Scientific Research Institute of Vaccines & Sera	86 815
Focus Diagnostics, Inc.	83 844
Takeda Pharmaceuticals Internatioanl GmbH	62 972
Qiagen	61 512
Beijing Bio-Institute biological Products Co. Ltd (BBIBP)	52 381
Serum Institute of India Ltd.	38 077
DiaSorin Molecular LLC	29 692
China National Biotec Group	20 000
Cadila Healthcare Ltd. (R&D Center)	17 340
Cepheid	15 353
Government Pharmaceutical Organization (GPO)	15 353
Princeton Biomeditech Corporation	15 353
Fast Track Diagnostics	15 353
Vabiotech	12 899
Institute of Vaccines and Medical Biologicals (IVAC)	10 591
NPO Petrovax Pharm	10 246
Quidel Corporation	8 136
Indevr, Inc.	7 439
Medicago Inc.	7 439
Response Biomedical Corporation	5 417
Nanotherapeutics	5 337
Nanosphere Inc.	4 984
PT Bio Farma (Persero)	4 984
Protein Sciences Corporation	4 944
UMN Pharma Inc.	2 799
Lanzhou Institute of Biological Products	2 173
<b>Grand Total with PSC</b>	<b>\$198 219 132</b> (\$178 070 979 net of PSC)

**Table A.2:**  
**Fund allocation and expenditure for staff and activities**  
**1 January 2018 – 31 December 2019**

OUTPUT	DELIVERABLE	2018-19 Approved budget	Funds distributed for 2018-19 <sup>a</sup>	Expenditure 2018-19	Implementation on 2018-19 approved budget (%)	Balance funds
<b>Laboratory &amp; Surveillance (L&amp;S)</b>	Risk and severity of influenza are routinely assessed	8 225 508	7 931 528	7 858 161	96%	73 367
	Quality influenza virus detection capacity is sustained	5 218 870	4 924 894	4 818 047	92%	106 847
	Countries are supported to consistently report influenza data to global platforms	3 836 304	3 542 325	3 027 325	79%	515 000
	Countries are supported to share timely representative influenza samples with WHO CCs	3 360 404	3 066 425	2 655 474	79%	410 951
	Influenza CVs, virus detection protocols and reference materials are routinely updated	247 998	223 499	154 483	62%	69 016
<b>Burden of Disease (BOD)</b>	<b>Total for L&amp;S</b>	20 889 084	<b>19 688 671</b>	<b>18 513 490</b>	<b>89%</b>	<b>1 175 181</b>
	Representative national, regional & global disease burden estimates are available	932 179	870 657	805 893	86%	64 764
	Disease burden findings are communicated to national and international expert bodies in a format that promotes evidence-based decision making	862 572	821 050	818 607	95%	2 443
<b>Regulatory Capacity Building (REG)</b>	<b>Total for BOD</b>	1 794 751	<b>1 691 707</b>	<b>1 624 500</b>	<b>91%</b>	<b>67 207</b>
	National regulatory capacity for pandemic influenza products is strengthened	1 588 750	1 532 281	1 154 433	73%	377 848
	Adoption of regulatory pathways that accelerate approval for use of pandemic influenza products is promoted	1 142 750	1 086 282	1 057 480	93%	28 802
<b>Risk Communication &amp; Community Engagement (RCCE)</b>	<b>Total for REG</b>	2 731 500	<b>2 618 563</b>	<b>2 211 913</b>	<b>81%</b>	<b>406 650</b>
	Countries and front-line responders have access to guidance, tools and interactive resources for risk communication, community engagement, and social science-based interventions for influenza	878 351	824 565	696 662	79%	127 903
	Technical assistance for risk communication, community engagement & social science-based interventions provided to countries to facilitate influenza interventions & address vaccine hesitancy	1 381 292	1 327 505	957 838	69%	369 667
	<b>Total for RCCE</b>	2 259 643	<b>2 152 070</b>	<b>1 654 500</b>	<b>73%</b>	<b>497 570</b>

OUTPUT	DELIVERABLE	2018-19 Approved budget	Funds distributed for 2018-19 <sup>a</sup>	Expenditure 2018-19	Implementation on 2018-19 approved budget (%)	Balance funds
Planning for Deployment (DEP)	A common approach to manage global deployment operations is developed and regularly tested with stakeholders and deployment partners	814 100	774 838	671 823	83%	103 015
	Technical assistance to develop policies for sustainable influenza vaccine procurement and production is provided to countries	103 500	103 500	-	0%	103 500
	National deployment planning process is revised & updated	614 100	574 838	357 293	58%	217 545
	<b>Total for DEP</b>	<b>1 531 700</b>	<b>1 453 176</b>	<b>1 029 116</b>	<b>67%</b>	<b>424 060</b>
Influenza Pandemic Preparedness Planning (IPPP)	Countries are supported to develop, test and update their pandemic influenza preparedness and response plan	2 943 131	2 896 848	2 366 661	80%	530 187
	<b>Total for IPPP</b>	<b>2 943 131</b>	<b>2 896 848</b>	<b>2 366 661</b>	<b>80%</b>	<b>530 187</b>
	<b>Total for Preparedness Outputs</b>	<b>32 149 809</b>	<b>30 501 035</b>	<b>27 400 180</b>	<b>85%</b>	<b>3 100 855</b>
	Undistributed funds <sup>b</sup>					8 931 780
PIP Secretariat	In process for 2020 distribution <sup>c</sup>					16 755 940
	PSC (13%) on 2018-19 Preparedness Funds		4 436 683	3 562 023		874 660
	<b>Grand Total for Preparedness</b>	<b>32 149 809</b>	<b>34 937 718</b>	<b>30 962 203</b>	<b>96%</b>	<b>29 663 235</b>
	Promote the effective implementation of the PIP Framework in a changing environment	3 303 591	2 291 892	2 122 092	64%	169 800
	Collect, implement, monitor & report on the Partnership Contribution	2 294 792	1 566 333	1 551 823	68%	14 510
	Negotiate and plan to operationalize the Standard Material Transfer Agreements 2 (SMTA2)	1 210 583	778 010	711 005	59%	67 005
	<b>Total for PIP Secretariat Output</b>	<b>6 808 966</b>	<b>4 636 235</b>	<b>4 384 920</b>	<b>64%</b>	<b>251 315</b>
	Undistributed funds <sup>b</sup>					177 285
	In process for 2020 distribution <sup>c</sup>					3 332 261
	PSC (13%) on 2018-19 PIP Secretariat Funds		603 736	570 040		33 696
	<b>Grand Total for PIP Secretariat</b>	<b>6 808 966</b>	<b>4 636 235</b>	<b>4 954 960</b>	<b>73%</b>	<b>3 794 557</b>
	Response funds					53 519 168
	Annual interest earned on response funds for 2018 and 2019					2 476 562
	<b>Grand Total for Response Funds</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>55 995 730</b>
	<b>Grand Total for PIP PC</b>	<b>38 958 775</b>	<b>39 573 953</b>	<b>35 917 163</b>	<b>92%</b>	<b>89 453 522<sup>d</sup></b>

<sup>a</sup> Funds distributed refers to funds available for implementation in global, regional and country-level work plans.


<sup>b</sup> Undistributed funds include Partnership Contributions received after funds for 2020-21 work plans were distributed.

<sup>c</sup> Funds are being distributed for 2020 work plan implementation.


<sup>d</sup> Includes Response Funds (US\$ 55 995 729) which will only be used at the time of a pandemic.




**Fig. A.1:**  
**Interim certified financial statement**  
**as of 31 December 2018**

 <b>World Health Organization</b>				
<b>Pandemic Influenza Preparedness (PIP) – Secretariat, Preparedness and Response</b>				
<b>Interim Financial Statement as at 31 December 2018</b> <i>(expressed in US dollars)</i>				
	<b>Secretariat -</b>	<b>Response -</b>	<b>Preparedness -</b>	
	<b>10%</b>	<b>30%</b>	<b>70%</b>	<b>Total</b>
<b>Opening Balance - 1 January 2018</b>	3,089,290	38,236,561	24,966,024	66,291,875
<b>Revenue</b>				
<b>Receipts from:</b>				
Becton Dickinson and Company (BD)	1,500	4,050	9,450	15,000
Beijing Tiantan Biological Products Co.Ltd	2,699	7,287	17,003	26,989
Cadila Healthcare Ltd (R&D Center)	245	663	1,546	2,454
Denka Seiken Co. Ltd.	41,711	112,618	262,776	417,105
Fast Track Diagnostics	245	663	1,546	2,454
Fluart Innovative Vaccines LTD	7,361	19,874	46,372	73,607
GlaxoSmithKline (GSK)	539,783	1,457,413	3,400,631	5,397,827
Government Pharmaceutical Organization (GPO)	245	663	1,546	2,454
Hoffmann-La Roche and Co Ltd	662,460	1,788,642	4,173,498	6,624,600
Kaketsuken	61,339	165,615	386,435	613,389
Kitasato Daiichi Sankyo Vaccine Co. Ltd.	29,443	79,495	185,489	294,427
Medimmune	208,617	563,266	1,314,286	2,086,169
NPO Petrovax Pharm	245	663	1,546	2,454
Research Foundation for Microbial Diseases of Osaka University	61,339	165,615	386,435	613,389
Sanofi Pasteur	810,100	2,187,270	5,103,630	8,101,000
Seqirus	343,679	927,933	2,165,176	3,436,788
Shanghai Institute Of Biological Products Co., Ltd.	7,361	19,874	46,372	73,607
Sinovac Biotech Ltd	7,361	19,874	46,372	73,607
SK Bioscience	12,268	33,123	77,287	122,678
Takeda Pharmaceuticals International GmbH	2,699	7,287	17,003	26,989
<b>Total received</b>	<b>2,800,700</b>	<b>7,561,888</b>	<b>17,644,399</b>	<b>28,006,987</b>
Interest	-	928,587	-	928,587
<b>Total Revenue</b>	<b>2,800,700</b>	<b>8,490,475</b>	<b>17,644,399</b>	<b>28,935,574</b>
<b>Expenditure</b>				
2018	2,680,494	-	12,831,430	15,511,924
<b>Balance as at 31 December 2018</b>	<b>3,209,496</b>	<b>46,727,036</b>	<b>29,778,993</b>	<b>79,715,525</b>

I certify that the above statement reflects correctly the revenue and expenditure recorded in the WHO Global Accounting System.

  
 Jane Stewart  
 Director Accounts

20 February 2019



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**Statement of Financial Performance-by Donor/Award Entity : 'WHO' , From date : '01-JAN-2018  
, To date : '31-DEC-2018' , Award Number : '60478'**

Sum of Expense	
<b>Expense Type</b>	<b>Total (USD)</b>
Staff Costs	1,880,804
Equipment, Vehicles and Furniture	17,470
Contractual Services	170,626
Travel	256,288
General Operating Costs	46,931
Programme Support Costs (PSC)	308,375
<b>Total</b>	<b>2,680,494</b>


**Statement of Financial Performance-by Donor/Award Entity : 'WHO' , From date : '01-JAN-2018'  
, To date : '31-DEC-2018' , Award Number : '61722'**


Sum of Expense	
<b>Expense Type</b>	<b>Total (USD)</b>
Staff Costs	3,825,140
Medical Supplies and Materials	587,985
Equipment, Vehicles and Furniture	23,943
Contractual Services	3,429,879
Travel	1,939,951
Transfers and Grants	1,122,163
General Operating Costs	426,189
Programme Support Costs (PSC)	1,476,182
<b>Total</b>	<b>12,831,430</b>

**Fig. A.2:**  
**Interim certified financial statement**  
as of 31 December 2019

 <b>World Health Organization</b>				
<b>Pandemic Influenza Preparedness (PIP) – Secretariat, Preparedness and Response</b>				
<b>Interim Financial Statement as at 31 December 2019</b> <i>(expressed in US dollars)</i>				
	<b>Secretariat - 10%</b>	<b>Response - 30%</b>	<b>Preparedness - 70%</b>	<b>Total</b>
<b>Opening Balance - 1 January 2019</b>	3,209,496	46,727,036	29,778,993	79,715,525
<b>Revenue</b>				
<b>Receipts from:</b>				
Adimmune Corporation	6,925	18,697	43,628	69,250
Becton Dickinson and Company (BD)	1,500	4,050	9,450	15,000
Beijing Tiantan Biological Products Co., Ltd.	2,539	6,856	15,997	25,392
Cadila Healthcare Ltd (R&D Center)	231	623	1,454	2,308
Cepheid	476	1,287	3,000	4,763
Denka Seiken Co., Ltd.	39,242	105,952	247,221	392,415
Fluart Innovative Vaccines Ltd.	6,925	18,697	43,628	69,250
GlaxoSmithKline (GSK)	623,248	1,682,770	3,926,464	6,232,482
Government Pharmaceutical Organization (GPO)	230	621	1,449	2,300
Green Cross Corporation	57,143	154,285	359,998	571,426
Hoffmann-La Roche and Co., Ltd.	623,248	1,682,770	3,926,464	6,232,482
Hualan Biological Bacterin Co., Ltd.	52,615	142,060	331,473	526,148
Instituto Butantan, Brazil	57,708	155,812	363,562	577,082
Kaketsuken	57,708	155,812	363,562	577,082
Kitasato Daiichi Sankyo Vaccine Co., Ltd.	39,242	105,952	247,221	392,415
Medimmune	57,708	155,812	363,562	577,082
Princeton Biomeditech Corporation	476	1,286	3,000	4,762
Research Foundation for Microbial Diseases of Osaka University	57,708	155,812	363,562	577,082
Sanofi Pasteur	809,674	2,186,120	5,100,946	8,096,740
Seqirus	343,498	927,445	2,164,037	3,434,980
Serum Institute of India Ltd.	476	1,286	3,000	4,762
Shanghai Institute Of Biological Products Co., Ltd.	6,925	18,697	43,628	69,250
SK Bioscience	11,542	31,162	72,712	115,416
Takeda Pharmaceuticals International GmbH	2,539	6,856	15,997	25,392
<b>Total received</b>	<b>2,859,526</b>	<b>7,720,720</b>	<b>18,015,015</b>	<b>28,595,261</b>
Interest	-	1,547,974	-	1,547,974
<b>Total Revenue</b>	<b>2,859,526</b>	<b>9,268,694</b>	<b>18,015,015</b>	<b>30,143,235</b>
<b>Expenditure</b>				
2019	2,274,465	-	18,130,773	20,405,238
<b>Balance as at 31 December 2019</b>	<b>3,794,557</b>	<b>55,995,730</b>	<b>29,663,235</b>	<b>89,453,522</b>

I certify that the above statement reflects correctly the revenue and expenditure recorded in the WHO Global Accounting System.

  
Jane Stewart  
Director Accounts



17 February 2020

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**Statement of Financial Performance-by Donor/Award Entity : 'WHO' , From date : '01-JAN-2019  
, To date : '31-DEC-2019' , Award Number : '60478'**

Sum of Expense	
<b>Expense Type</b>	<b>Total (USD)</b>
Staff Costs	1,648,223
Equipment, Vehicles and Furniture	7,004
Contractual Services	123,317
Travel	213,334
General Operating Costs	20,923
Programme Support Costs (PSC)	261,664
<b>Total</b>	<b>2,274,465</b>

**Statement of Financial Performance-by Donor/Award Entity : 'WHO' , From date : '01-JAN-2019'  
, To date : '31-DEC-2019' , Award Number : '61722'**

Sum of Expense	
<b>Expense Type</b>	<b>Total (USD)</b>
Staff Costs	4,282,320
Medical Supplies and Materials	815,149
Equipment, Vehicles and Furniture	48,414
Contractual Services	5,430,369
Travel	3,103,512
Transfers and Grants	1,758,654
General Operating Costs	606,514
Programme Support Costs (PSC)	2,085,841
<b>Total</b>	<b>18,130,773</b>







**World Health Organization**

20 Avenue Appia  
1211 Geneva 27  
Switzerland

**PIP Framework Secretariat**

*[pipframework@who.int](mailto:pipframework@who.int)*



**World Health  
Organization**

[www.who.int/influenza/pip/en](http://www.who.int/influenza/pip/en)